



**GENERAL SERVICES DEPARTMENT
PURCHASING DIVISION
400 SOUTH FEDERAL HIGHWAY
HALLANDALE BEACH, FL 33009
TEL: (954)457-1331 FAX: (954)457-1342**

Dear Vendor:

The City's vendor application is attached for your completion. Return to the City of Hallandale Beach as an attachment via email to:

➤ General_ Services_Office@hallandalebeachfl.gov.

All information is to be completed. The information on line #6 is important for the correct Selection of your business for various City requirements.

Please include any prompt payment discount days or percentages in item #4.

Business on City property will require a Certificate of Insurance. A current certificate of insurance for liability and any other coverage's must be on file if business will be conducted on City Property. The insurance certificate may be provided with this completed vendor application or supplied prior to performance of service or installations on City property.

Should you have any questions, please contact Andrea Lues, General Services Coordinator, or Joann Wiggins, General Services Specialist at (954) 457-1331.

Sincerely,

**E. Dent McGough, Director
General Services/City Clerk**

**EDM/jw
Attachment**



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VENDOR APPLICATION

1.	Name and Address of Business:
2.	Address to which bid requests and other information is to be mailed:
3.	Invoice pay to payment address:
4.	Prompt Payment Discounts.
5.	Contact (Name & Title):
	Telephone and Fax Number:
	Email Address:
6.	Federal Employer's ID Number:
7.	Type of business/goods/service. Please be specific. Include all:
8.	Indicate if business is a Minority Business Enterprise (MBE), Small Business Enterprise (SBE) or Women Owned Business Enterprise (WBE) by checking type of minority status
	(MBE)___ (SBE)___ (WBE)___ N/A___
	If you checked MBE, WBE, or SBE above, circle the appropriate are below:
	Black (B)___ Hispanic (H)___ Asian American (A)___ Caucasian (C)___ Native American (N)___ Other (O)___
9.	Number of years in business with present business name providing the goods/services.
10.	Number of years in business with other business name providing the goods/services.

The undersigned hereby certifies that the above and foregoing information is a complete, true, and correct statement of the facts.

Authorized Signature

Print Name

Title

Date